

## SUMMARY OF THE HOURLY TASK GUIDELINES WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau

Location: Health & Human Services Data Center, 9323 Tech Center Drive,  
Conference Room 2, Sacramento, CA

Date: April 26, 2005

Time: 9:30 am to 12:30 pm

The meeting was attended by consumers, providers, advocacy groups, and county and state staff in person and via teleconference. Attendees signed in and received the following: a Revised Agenda, the California Welfare Directors Association's (CWDA's) Time for Task Workgroup Report as of April 18, 2005, a CDSS handout pertaining to meal preparation data obtained from the Case Management Information Payroll System (CMIPS), and a copy of PowerPoint slides entitled, "Time per Task Development."

Brian Koepp, Chief, Quality Assurance Bureau (QAB), commenced the meeting by welcoming attendees and making introductions. Brian then recapped the tasks recommended for guidelines, the process for developing those guidelines, and this meeting's goals to review and recommend changes to the task definitions and data analysis process. He then announced that there would be two break-out discussion groups to review and provide input on the CWDA and CDSS handouts for this purpose.

There was a discussion about the inclusion/exclusion of various tasks. CDSS reminded the group that the goal of the workgroup is to establish hourly task guidelines based on existing task categories identified in current regulations. In previous meetings, the workgroup identified which of these tasks need guidelines.

Brian then introduced Ernest Cowles, Ph.D., Director of Research, California State University, Sacramento (CSUS), who gave a presentation using PowerPoint entitled, "Hourly Task Evaluation." Dr. Cowles stated that CSUS' goal for the Training Academy is to develop and deliver ongoing training to meet the needs of state and county QA staff, county social workers, and others. In order to develop the portion of the training involving time per task, CSUS will be investigating what personal care time per task guidelines exist in other states and conducting focus groups in the four CWDA regions in June, July, and August 2005. Each region would have one focus group made up of eight to ten consumers and another focus group made up of eight to ten providers. Additionally, there would be a single statewide focus group made up of eight to ten social workers. The focus groups' findings would then be summarized for the workgroup's use. Dr. Cowles provided his email address ([cowlese@csus.edu](mailto:cowlese@csus.edu)) and telephone number (916-278-4317) for comments, questions, and focus group volunteers.

Following the break, Erik Fair, CWDA co-chair for this workgroup, reported on the CWDA Time for Task Workgroups' preliminary recommendations for uniform definition of tasks. He reported that the following tasks were offered for consideration by the CWDA workgroup: respiration, feeding, routine bed baths, dressing, menstrual care, bathing, oral hygiene, grooming, accompaniment to medical appointments, assistance with prosthesis, and paramedical care. Erik requested feedback prior to the next CWDA

Time for Task Workgroup meeting scheduled for May 11, 2005. Comments and suggestions should be sent to the following email address:  
[IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov).

Joan Boomer, QAB Consultant, then gave a brief presentation on the handout pertaining to meal preparation data from CMIPS. She identified data trends she discovered using CMIPS to obtain statistical averages for evaluating the task of meal preparation.

Two breakout groups were then formed to review and provide input on CWDA's task handout and CDSS' CMIPS meal preparation handout. The breakout groups were instructed to select a facilitator and scribe. The breakout groups identified the need to consider the following:

#### Group Reviewing CWDA Handout

- HH Line—Respiration: universal precautions; putting away equipment; receiving, storing, ordering; charting
- JJ Line—Feeding: chewing
- KK Line—Grooming: separate classification for hair, diverse cultural groups; overlap in bathing; differentiating between full/partial bed baths
- SS Line—Medical Accompaniment: medical briefing at appointments

#### Group Reviewing CDSS Handout

- Other disability issues (PCSP, blindness, over 80 years of age)
- Data evaluation from entire caseload versus only new consumers
- Differences in service delivery modes (IP vs. contract or IP vs. homemaker modes)
- Graph values to see if there are bell-shaped curves
- Resulting policy should take into account individual consumer differences
- Validity of data (tested and reality-based data)
- Comparison of current authorization to actual time the task takes
- Define terms and involvement of tasks
- County differences (urban versus rural)
- Types of meals served
- Training tools to assist consumers in understanding/being responsible for providers' hours
- Averages based on current system flaws
- Sample assessments on like consumers in different counties
- Focus groups' input
- Institute for Social Research (ISR)
- Utilization of State Hearing data to determine trends

Brian concluded the meeting with a discussion on whether or not to cancel the workgroup's May 20, 2005 meeting due to workload issues. The group agreed to cancel the May 20 meeting and meet on June 29, 2005. This will allow time to process and develop data, put together focus groups, and provide summaries of the various workgroups prior to the next meeting.

## Time Per Task

### General

Staff evaluated February 2005 statewide CMIPS assessment and authorization data to determine current assessment and authorization practices. To date, the task of Meal Preparation is the only task that has been analyzed. Staff intend to analyze other tasks as a source of data to consider when establishing mandated Time Per Task Guidelines.

Authorization data evaluated were the “total need” of consumers who were granted within the last 12 months and were authorized to receive IHSS in the month of February 2005. When analyzing data by mode, data for consumers served by mixed mode were reported under the non-IP mode of the county because tasks are not assigned by mode in CMIPS.

### Glossary:

This list of definitions is applicable to this document.

<i>Assessment</i>	The determination that a consumer needs assistance with a function and the ranking of the consumer’s functioning in the applicable function
<i>Consumer</i>	Person who receives IHSS
<i>Functional Rank</i>	A number usually between 1 and 5 designated by county staff to denote a consumer’s dependence on human assistance for designated functions. A rank of one means the consumer is independent of human assistance for the function; a rank of five means the consumer is totally dependent on the assistance of another person for the function.
<i>IHSS</i>	In-Home Supportive Services, including Personal Care Services Program (PCSP), In-Home Supportive Services Plus Waiver and In-Home Supportive Services Residual Programs
<i>Mean</i>	Statistical average – the sum each item and divide by the number of items
<i>Median</i>	The middle number, when arraying all values in ascending order
<i>Mixed Mode</i>	The consumer is served by a combination of Independent Provider and either an agency providing services under a contract with the county or county employees
<i>Need</i>	The number of hours of <b>total need</b> in CMIPS, before reducing the authorization by prorating for housemates or reducing the authorization because some of the need is met by alternative resources.
<i>Provider</i>	The person who provides the needed IHSS care
<i>Statistical Mode</i>	The most common value

## **Time Per Task**

### Meal Preparation Data

#### Current Regulatory Definition of the Task:

30-757.131 Preparation of meals, includes such tasks as washing vegetables, trimming meat, cooking, setting the table, serving the meals, and cutting the food into bite-size pieces.

#### Definition of the function:

Planning menus. Washing, peeling, slicing vegetables, opening packages, cans and bags, mixing ingredients, lifting pots and pans, reheating food, cooking, safely operating stove, setting the table, serving the meal, cutting food into bite-sized pieces. Washing and drying dishes, and putting them away.

Rank 1: Independent: Can plan, prepare, serve and clean up meals.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation and/or cleanup.

Rank 3: Requires another person to prepare and clean up main meal(s) on less than a daily basis; e.g., can reheat food prepared by someone else, can prepare simple meals and/or needs help with cleanup on a less than daily basis.

Rank 4: Requires another person to prepare and clean up main meal(s) on a daily basis.

Rank 5: Totally dependent on another person to prepare and clean up all meals.

Rank 6: Is tube-fed. All aspects of tube feeding are evaluated as a Paramedical Service.

#### Resulting assumptions:

- The number of hours of need (as defined above) should increase as the functional rank increases from 3 to 5
- There is no predictive amount of time needed time for a rank of 2 – appropriate authorization would be dependent on how compliant a consumer is when reminded. But it is unlikely that 7 hours should be needed for a rank of 2 – the provider might as well do it herself
- There should be 0 hours of need for a rank of 6 – meal preparation should be authorized as paramedical services

### What the Data Show:

- As of 2/28/05, there were 340,706 active IHSS consumers.
  - 56,806 people applied for IHSS between 3/1/04 and 2/28/05 and were granted and still receive IHSS as of 2/28/05
  - That converts to a 16.7% gross growth rate in consumers (excluding those who were terminated between 3/1/04 and 2/28/05)
- Nearly all consumers need meal preparation
  - 52,616 (92.6%) of the new consumers need meal preparation
  - Statewide, the average number of meal preparation hours needed was 1,415,804 hours per month or 26.9 monthly hours per consumer who needed assistance with cooking
- Statewide, hours needed tend to increase as the functioning increases from 3 through 5
  - Average weekly hours of need for the state for a functional rank of 2 is 4.6
  - Average weekly hours of need for the state for a functional rank of 3 is 5.1
  - Average weekly hours of need for the state for a functional rank of 4 is 6.1
  - Average weekly hours of need for the state for a functional rank of 5 is 6.8
- County staff appear to make a decision of what functional rank is appropriate for each consumer
  - The percentage of cases for the state with a functional rank of 2 is 0.6%
  - The percentage of cases for the state with a functional rank of 3 is 24.2%
  - The percentage of cases for the state with a functional rank of 4 is 27.2%
  - The percentage of cases for the state with a functional rank of 5 is 47.7%
  - The percentage of cases for the state with a functional rank of 6 is 0.2%
  - There is no county that ranks consumers with a standard functional ranking; there is variance in the functional ranking for cooking in each county
- Every county that ranked a consumer with a 6 in cooking inappropriately authorized hours for cooking. By policy, all meal preparation for a person who is tube fed should be authorized as a paramedical services instead
- Nearly  $\frac{3}{4}$  (42 of the 58) of the counties have a statistical mode of 7 hours per week needed
- Counties tend to determine need as its statistical mode.
  - 60.7% of consumers had a need of the statistical mode – almost always 7 hours per week or 1 hour per day.
  - 47.7% of the consumers had a rank of 5, designating that the consumer can't cook, prepare simple meals, or reheat meals prepared in advance
- 16 counties (27.6% of the counties) have a statistical mode other than 7
  - Counties with a statistical mode other than 7 tend to be smaller counties; the counties with the statistical modes different from 7 represent 9.3% of the statewide caseload.
  - 7 of the counties have a statistical mode over 7; 9, under.
- When analyzing data for the 10 counties that have more than one mode, they tend to indicate a need of more hours when consumer has an IP than the other mode, when holding functioning static.

## HOURLY TASK GUIDELINES WORKGROUP ATTENDEES AT THE 4/26/05 MEETING

Name	Organization
Laurie Silva	CDSS QA
Breada Quintana	UDWA
Martha Bracha	CDSS QA
Rick Carroll	CDSS QA
Brian Koepp	CDSS QA
Ramona Walker	CDSS QA
Fay Mikiska	IHSS Adv. Committee – Sacramento
Kevin Aslanian	CLURO
Jonnie York	CSA – IHSS
Lisa Poley	CSA – IHSS
Jennifer Yang	CSA – IHSS
Susan Carlson	CSA – IHSS
Crystal Padilla	PAI
Fred Wisen	PAI
Joni McGee	RIC
Stormaliza Powmacwizalord	RIC
Sharon Bacon	SEIU
Andrea Allgood	CDSS QA
Pamela Barnes	CDSS QA
Kathleen Schwartz	Sac. County DHHS
Pamela Ng	Sac. County DHHS
Steve Ferguson	Adult Health Care
Tona Thao	Sac. County DHHS
John Stansbury	Public Authority – Marin
Ellen Martin	United Domestic Workers
Laura Wick	Sac. County IHSS
Gary Klopp	Sac. County QI/QA
Melody McInturf	Sac. County QI/QA
Carrie Stone	CDSS QA
Linda Williams	CDSS QA
Jarrett Oddo	Sac. County QA
Lucy Walters	El Dorado County IHSS
Cheryl Bergan	CFILC
Rosa Magam	Stanislaus County
Michelle Loftin	CDSS QA
Lonnie Carlson	CDSS State Hearings
Susan Schwendimann	Sacramento County IHSS
Sharon Rehm	Sac. County IHSS
Theresa Mary Johnson	Older Women League
Maher Dimachki	DHS

<b>Name</b>	<b>Organization</b>
Kim Boettcher	Sac. Co. IHSS
Kim Kruser	ADDUS Health Care
Tracy Player	CDSS QA
Katrina Eiland	CA Care
Teddie Remhild	PASE – LA County
Margo Shearer	IHSS – DHHS
Patricia Jepsen	IHSS – DHHS
Jeannette Johnson	IHSS – DHHS Sac. County
Erik Fair	Orange County CWDA
Frances Muhammad	UHW
Ira Rubinstein	IHSS Provider
Judy Griffin	Placer County
Allen Sadler	Nevada County
Ernest Cowles	CSUS – ISP
Robert Shelor	ADDUS Health Care
Marilee Courtright	IHSS Adv. Comm.
Bernadette Ugnéh	
Brian Pyne	IHSS Sacramento County

# Time per Task Development

Stakeholders' Meeting  
April 26, 2005





# Objectives of this meeting

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- To recap decisions made by this group
- To learn about DSS progress
- To review and recommend changes to task definitions
- To review and recommend changes to data analysis process

# Tasks that Need Guidelines

- Cooking
- Meal Cleanup
- Ambulation
- Bathing & Grooming
- Bed Baths
- Dressing
- Bowel, Bladder & Menstrual
- Transfer & Repositioning
- Feeding
- Respiration
- Prosthesis Care/Assistance
- Paramedical

# How to Develop Guidelines

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- Standardize task definitions
- Analyze current authorization data trends
- Gather information from others

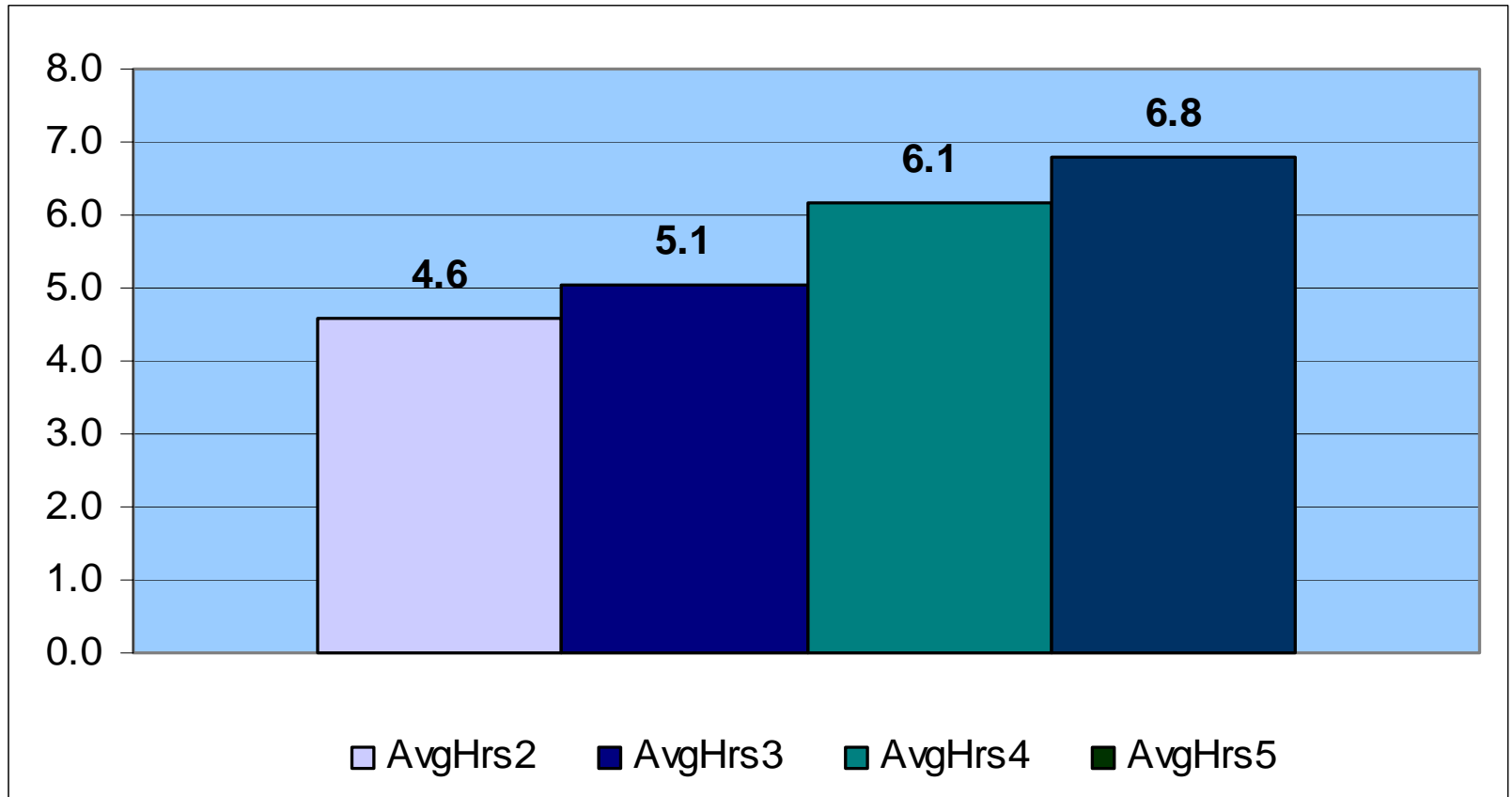
# Where to Find Information

- Consumer focus groups or surveys
- Provider focus groups or surveys
- Community agencies (ADHC, MSSP, Regional Centers, Hospice, etc.)
- Advocates
- Family members
- Other states
- Doctors, nurses, therapists

# Meal Preparation Data



# Cooking Hours by Function



# Breakout Groups

- **Categorizing Tasks** (Review and Recommend Changes to the CWDA-Prepared Task List)
- **Authorization data analysis** (Review and Recommend changes to data elements evaluated)

# Meeting Goals

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- To review and recommend changes to **task definitions**
- To review and recommend changes to **data analysis** process